

C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

### 2007-2008 School Exclusion List

# Official List of Conditions Requiring Exclusion from School for 2007-2008, with Guidance Section

Statutory authority: SC Code Sections 20-7-2980, 44-1-110, 44-1-140 and 44-29-10

#### Requirements.

SC Regulation #61-20 requires that SC DHEC publish each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases (hereinafter referred to as the <u>Childcare Exclusion List</u> or the <u>School Exclusion List</u>.) It further requires that students should be excluded from school attendance if they have one or more of the conditions in the lists. Schools should maintain a record of students known to have been excluded under this regulation.

#### **Parent Notification.**

The school should give to all parents/guardians the list of conditions that require exclusion from school attendance. Distribution of summaries of the Exclusion Lists, such as the Parent Brochures developed by the SC DHEC Division of Acute Disease Epidemiology, satisfies this requirement. Schools should inform parents/guardians that they must notify the school within 24 hours after their student has developed a known or suspected communicable illness addressed on the School Exclusion List. Students may return to the school as soon as their symptoms are resolved, unless stated otherwise in the Exclusion List or by their health care provider.

#### Reporting to the Health Department.

Per SC Statute 44-29-10, "any person or entity that maintains a database containing health care data must report [to SC DHEC] all cases of persons who harbor any illness or health condition that may be caused by ... epidemic or pandemic disease, or novel and highly fatal infectious agents and might pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability." These conditions, indicated on the List of Reportable Conditions as Immediately or Urgently Reportable, must be reported to the local health department. Schools' reporting of Routinely Reportable to SC DHEC conditions greatly facilitates local and state disease control efforts. Schools should consult with SC DHEC regarding outbreaks or clusters of symptoms related to communicable diseases.

The 2007-2008 School Exclusion List is effective July 1, 2007.

#### Guidance for Implementing the 2007-2008 School Exclusion List

- Use in Schools. The School Exclusion List applies to students in grades 1-12 who are not medically fragile.<sup>1</sup> The separate Childcare Exclusion List should be used for students in grades K-3, K-4, and K-5, as well as students designated as being medically fragile.<sup>1</sup>
- Special Circumstances. These Exclusion criteria are aimed at generally healthy children. Immunocompromised children with an excludable condition or exposure may need longer periods of exclusion, subject to recommendations by their health care provider(s). Nothing in these criteria precludes the exercise of the professional judgment of Local Education Agency medical and/or nursing staff to protect the health of students.
- **Exclusion criteria that vary** for younger students (primary grades or elementary 1<sup>st</sup> through 5<sup>th</sup> grade) and for older students (middle school junior high or high school) are indicated in the Exclusion List. Intermediate schools (generally 5<sup>th</sup> and 6<sup>th</sup> graders) should follow the exclusion criteria for the youngest age students attending the school.
- Mixed age groupings. When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. If these children are Kindergarten age or younger, the criteria found in the Child Care Exclusion List apply,
- Notes / Documentation for Return. The type of note needed for a student to return to school is indicated in the tables that follow. Physicians, nurse practitioners, physician assistants or SC DHEC licensed health care professional staff may provide medical notes for return to school following an excludable condition. These notes should be kept on file at the school for at least one calendar year.
- Period of Exclusion. Infected children should be excluded from school until they are no longer considered contagious. If a student does not respond to treatment for an excludable condition, the health care provider or health department may suggest longer periods of exclusion.
- Other Risks. This list addresses common exposures to communicable disease. SC DHEC staff are available for consultation on specific exposure risks such as close contact sports, water sports, immunocompromised status, contact with animals, etc.

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For the purposes of school exclusion, the term "medically fragile" refers to those students with special healthcare needs or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread.

Ex	clusion Criteria	Documentation for Return	Reportable to Health Department? <sup>2</sup>
1.	Exclude the student with symptoms or other manifestations of possible severe illness which may include (not limited to):  a. Fever (see #5 below)  b. Difficulty breathing  c. Unusual lethargy (an unusual tiredness or lack of energy)  d. Unusually severe irritability  e. Rapidly spreading rash	School to specify based on situation.	Report Outbreaks only <sup>3</sup>
2.	Conjunctivitis		
	<ul> <li>Exclude students with purulent conjunctivitis (defined as pink or red conjunctivae with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until evaluated and treated.</li> </ul>	Medical Note	Report Outbreaks only <sup>3</sup>
	<ul> <li><u>Non-purulent conjunctivitis</u> (defined as pink conjunctivae with a clear, watery eye discharge without fever, eye pain or eyelid redness) <u>does not require exclusion from school.</u></li> </ul>	Not applicable	No
3.	Diarrhea		
	• Exclude <b>children in 1</b> <sup>st</sup> <b>through 5</b> <sup>th</sup> <b>grade with diarrhea</b> (3 or more loose stools in a 24 hour period) that is not associated with <i>E. coli, Salmonella</i> or <i>Shigella</i> <sup>4</sup> until symptoms are resolved or medical evaluation indicates that inclusion is acceptable.	School to specify based on situation.	Report Outbreaks only <sup>3</sup>
	<ul> <li>Exclusion is not required if student is known to have diarrheal symptoms for a non-infectious condition (e.g., IBS or Crohn's Disease), or if diarrheal symptoms persist after completion of effective antimicrobial therapy for an enteric illness.</li> </ul>		
	• Exclusion for diarrhea (unless it is caused by <i>E. coli, Salmonella</i> or <i>Shigella</i> ) is not mandatory for older students, unless a student is determined to be contributing to the spread of illness in the school setting, or unless the student has uncontrolled diarrhea or stools containing blood or mucus (see below.)		

The requirement to report indicated <a href="Immediately Reportable">Immediately Reportable</a> or <a href="Urgently Reportable">Urgently Reportable</a> (within 24 hours) conditions applies to physicians, laboratories, health facilities, and "any person or entity that maintains a database containing health care data." Schools' reporting of <a href="Routinely Reportable">Routinely Reportable</a> conditions greatly facilitates local and state disease control efforts. Disease reporting requirements are found in the SC DHEC Bureau of Disease Control's "List of Reportable Conditions," (<a href="www.scdhec.gov/health/disease/docs/reportable\_conditions.pdf">www.scdhec.gov/health/disease/docs/reportable\_conditions.pdf</a>).

Report suspected <u>outbreaks</u> and clusters of diseases or symptoms that would not be reportable as single cases. An "Outbreak" in a school is defined as an excess number of cases or symptoms over the expected occurrence of disease within a school or classroom or group.

Exclusion Criteria for E. coli, Salmonella and Shigella infections are addressed separately in this document.

Exclusion Criteria		Documentation for Return	Reportable to Health Department? <sup>2</sup>
	Exclude students of any age with uncontrolled diarrhea or stools that contain blood or mucus, until symptoms are resolved or medical evaluation indicates that inclusion is acceptable. Exclusion is not required if student is known to have these symptoms for a non-infectious condition (e.g., IBS or Crohn's Disease), or if diarrheal symptoms persist after completion of effective antimicrobial therapy of an enteric illness.	School to specify based on situation.	Report Outbreaks only <sup>3</sup>
4.	Exclude for infection with <i>Escherichia coli</i> O157:H7, or other <i>shiga</i> -toxin producing <i>E. coli</i> , until diarrhea resolves (24 hours pass without a diarrheal stool.) <sup>5</sup>	Medical Note	Report within 24 hours by phone.
5.	Exclude for <b>Fever</b> , accompanied by behavior changes or other signs and symptoms of illness (such as sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion) until medical evaluation indicates inclusion is acceptable. Fever is defined in school children as:  • Oral temperature: 101.0° F or greater	School to specify based on situation.	Report Outbreaks only <sup>3</sup>
	Axillary (under the arm) temperature: 100.0° F or greater		
6.	Exclude for <b>Head Lice (pediculosis)</b> , from the end of the school day until after the first treatment with an appropriate pediculicide or other school-approved lice removal product. <sup>6</sup>	Parent Note	Not reportable
7.	Exclude for <b>Hepatitis A virus infection</b> , until 1 week after onset of illness or jaundice.	Medical Note	Report within 24 hours by phone
8.	Exclude for <b>Measles</b> , until 4 days after onset of rash.	Medical Note	REPORT IMMEDIATELY by phone
9.	Exclude for <b>Mumps</b> , until 5 days after onset of parotid gland swelling.	Medical Note	Report within 7 days
10.	Exclude for <b>Pertussis (whooping cough)</b> , until completion of 5 days of appropriate antibiotic therapy, unless initially diagnosed with pertussis past the infectious period (21 or more days after cough onset.)	Medical Note	Report within 24 hours by phone
11.	Exclude for <b>Rash with fever or behavioral change</b> , until a physician has determined that the illness is not a communicable disease.	Medical Note	Report Outbreaks only <sup>3</sup>

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In this instance, the Exclusion requirement for *E. coli* is less stringent than that recommended in the *2006 Red Book*. Inschool transmission of *E. coli* infection is uncommon among un-diapered children. There may be an academic burden imposed by lengthy exclusions while awaiting multiple negative culture results. SC DHEC may change this Exclusion Criterion in the event of an outbreak or cluster of diarrheal illness attributable to *E. coli*.

Local Education Agencies opting for more stringent "No Nit Policies" should clearly explain these policies to families when distributing materials on School Exclusion.

Exclusion Criteria		Documentation for Return	Reportable to Health Department? <sup>2</sup>
12. <b>Ri</b> ı	12. Ringworm (Tinea)		
•	Ringworm of the Scalp ( <i>Tinea capitis</i> ). Exclude children in 1 <sup>st</sup> through 5 <sup>th</sup> grade with Ringworm of the Scalp ( <i>Tinea capitis</i> ) until oral antifungal treatment is initiated.  Topical treatments such as selenium sulfide shampoo (1% or 2.5%) do not take the place of oral antifungal agents. However, they can decrease fungal shedding and may help curb the spread of infection.	Medical Note for ringworm of the scalp	Not reportable
•	<b>Ringworm of the Body (</b> <i>Tinea corporis</i> <b>)</b> : Exclude children in 1 <sup>st</sup> through 5 <sup>th</sup> grade with Ringworm of the Body ( <i>Tinea corporis</i> ) until oral or topical antifungal treatment is initiated, unless affected area can be adequately covered. Additional restrictions may be recommended for PE & sports activities.	Parent Note for body ringworm	Not reportable
•	Exclusion for <i>Tinea capitis</i> or <i>Tinea corporis</i> is not mandatory for older students, unless a student is determined to be contributing to the spread of illness in the school setting.		
	clude for <b>Rubella (German Measles)</b> , until 7 days after onset rash.	Medical Note	Report within 24 hours by phone
14. <i>Sa</i>	lmonella		
•	<b>Salmonella typhi (typhoid fever)</b> infection: Exclude until 24 hours without a diarrheal stool.	Medical Note for Salmonella typhi	Report within 7 days
•	<b>Nontyphoidal</b> <i>Salmonella</i> <b>infections</b> do not require exclusion from school unless individuals are symptomatic.	Parent Note for Non-typhoidal	Report within 7 days
	clude for <b>Scabies</b> , until after appropriate scabicidal treatment s been completed.	Medical Note	Not reportable
16. Ex	clude for <b>Shigella</b> infection, until asymptomatic.	Medical Note	Report within 7 days
	aphylococcal (includes MRSA & Impetigo) and reptococcal Skin Infections 7		
•	Impetigo:  Exclude children with Impetigo, whose lesions cannot be covered, until the student has received 48 hours of effective antimicrobial treatment, lesions are showing signs of healing (decreasing in size), and oozing has stopped.  DHEC may change these recommendations in the event of outbreaks or clusters of illness.	Medical Note	Report Outbreaks only <sup>3</sup>

<sup>&</sup>lt;sup>7</sup> Recent studies have indicated that up to 50% of impetigo lesion may be attributable to MRSA \*(Methicillin-resistant *Staphylococcus aureus.*)

Exclus	sion Criteria	Documentation for Return	Reportable to Health Department? <sup>2</sup>
•	Other Staphylococcal or Streptococcal Skin Infections (includes MRSA):	Medical Note	Report Outbreaks only <sup>3</sup>
	<ul> <li>Exclude children with draining lesions that cannot be covered with a dressing, or draining lesions that are covered with a dressing but drainage saturates dressing, until drainage stops and the child has received at least 48 hours of effective antimicrobial treatment.</li> </ul>		
	<ul> <li>Children who do not have draining lesions may return to school after they have received at least 48 hours of effective antimicrobial treatment and lesions are showing signs of healing (decreasing in size.)</li> </ul>		
	<ul> <li>Children with lesions on uncovered skin, or with lesions that are draining or oozing, even if covered, may not participate in close contact sports or other athletic activities.</li> </ul>		
	<ul> <li>Contact precautions, including appropriate disposal of infective materials, must be used if/when dressings are changed in the school or childcare setting.</li> </ul>		
	<ul> <li>DHEC may change these recommendations in the event of outbreaks or clusters of illness.</li> </ul>		
	clude for <b>Streptococcal pharyngitis (strep throat)</b> , until ebrile and at least 24 hours after treatment has been initiated.	Medical Note	Report Outbreaks only <sup>3</sup>
au	clude for <b>Tuberculosis</b> , until the local health department thority or <u>treating</u> physician states that the student is ninfectious.	Medical Note	Report within 7 days
20. <b>Va</b>	ricella (chickenpox)		
•	Exclude for <b>typical Varicella (chickenpox)</b> , until all lesions have dried and crusted (usually 6 days after the onset of rash.)	Parent Note	Report within 7 days
•	Children with <b>mild or breakthrough Varicella disease</b> (typically seen in previously immunized children) may not exhibit vesicles or crusting of lesions. These students should be excluded from school until lesions fade away and no new lesions appear.	Parent Note	Report within 7 days
	clude for Varicella Herpes Zoster (shingles) with lesions that nnot be covered, until lesions are crusted.	Parent Note	Report Outbreaks only <sup>3</sup>
<b>ca</b> stu	clude for <b>conditions or illnesses that DHEC or a health re provider</b> <sup>8</sup> <b>indicates warrant exclusion</b> . This includes idents determined to be contributing to the transmission of ess in the school.	Medical note	DHEC staff are available for consultation on this exclusion.

<sup>&</sup>quot;Health Care Provider", in this instance, includes School Nursing staff.

## Exclusion Criteria for Students who are contacts of (exposed to) individuals with excludable conditions:

Exclusion Criteria for Exposure		Documentation for Return
1.	<ul> <li>When recommended by the health department, contacts to</li> <li>Haemophilus influenzae type b (Hib), or</li> <li>Neisseria meningitidis (meningococcal disease)</li> <li>should be excluded until antibiotic treatment has been initiated.</li> </ul>	Medical Note
2.	Pertussis (whooping cough): "Exclusion of exposed people with cough illness pending evaluation by a physician should be considered." If exclusion is recommended by physician or DHEC, exclude until (a) completion of five days of appropriate antimicrobial therapy or (b) until 21 days after last contact with an infected person.	Medical Note
3.	Other conditions when recommended by DHEC or the student's healthcare provider.	SC DHEC will specify based upon situation.
4.	<ul> <li>Non-immunized or under-immunized school children without documentation of immunity or natural disease must be excluded as indicated below if exposed to:</li> <li>Measles: Exclude for 14 days after onset of rash in last case of measles in the affected school or community. Students may return immediately following receipt of MMR vaccine, if vaccine is received within three days of exposure. Pregnant students should not receive MMR immunization.</li> <li>Mumps: Exclude for 26 days after the onset of parotitis in the last person with mumps in the affected school. Students may return immediately following receipt of MMR vaccine, if vaccine is received within three days of exposure. Pregnant students should not receive MMR immunization.</li> <li>Rubella: Exclude for 26 days after the onset of rash in the last person with rubella in the affected school or community. Students may return immediately following receipt of MMR vaccine, if vaccine is received within three days of exposure. Pregnant students should not receive MMR or rubella immunization.</li> <li>Varicella (chicken pox): Exclude for 21 days after the onset of rash in the last person diagnosed with Varicella in the affected</li> </ul>	SC DHEC will provide guidance on an individual basis regarding when a student who is immunocompromised or underimmunized may return to the school setting following an exposure to one of these conditions.
	<ul> <li>school. <sup>10</sup></li> <li>Other conditions when recommended by DHEC.</li> </ul>	

<sup>2006</sup> *Red Book*, page 504.

Break-though cases of Varicella (occurring in immunized persons) are generally considered to be less infectious than cases in un-immunized persons. Consult with SC DHEC as needed for exclusion guidance in on-going outbreaks of Varicella or if/when exclusion may be extended over than one incubation period (i.e., over 21 days.)

## Children with the following conditions do not need to be excluded from school, so long as they are healthy enough to participate in routine curricular activities:

- Bronchitis or Common Colds: even if illness is associated with green or yellow nasal discharge, as long as the student does not have a fever or any of the other excludable symptoms described above in this document.
- Croup

Ear infection

Pneumonia

- Cytomegalovirus (CMV) infection
- Fifth Disease (Parvovirus B19 infection). Individuals are no longer contagious once the rash appears, and they cannot be diagnosed with Fifth Disease before the rash appears
- Chronic Hepatitis B or Chronic Hepatitis C <sup>11</sup>
- Human Immunodeficiency Virus (HIV) infection <sup>11</sup>
- Mononucleosis, if able to participate in routine activities and cleared for re-admission by physician.
- Non-spreading Rash, without fever
- Red eyes without yellow or green discharge, fever, eye pain or matting
- Respiratory Syncytial Virus (RSV)
- Pinworms

Warts

#### References:

American Public Health Association, American Academy of Pediatrics, 2002. *Caring For Our Children, National Health and Safety Standards: Guidelines for Out-of-Home Childcare Programs, 2<sup>nd</sup> Edition, Chapter 3, HP 68, US Department of Health and Human Services. <a href="https://nrc.uchsc.edu/">https://nrc.uchsc.edu/</a>* 

American Academy of Pediatrics. 2006. Red Book 2006, Elk Grove Village, IL

American Academy of Pediatrics, Pennsylvania Chapter, 1997. *Model Childcare Health Policies, 3<sup>rd</sup> Edition*, Healthy Childcare Pennsylvania, Rosemont, PA

American Academy of Pediatrics, Barton Schmitt, MD, 2002. *Pediatric Telephone Protocols, Office Version, 9<sup>th</sup> Edition.* Littleton, CO.

Centers for Disease Control and Prevention. 1997. The ABCs of Safe and Health Childcare, <a href="www.cdc.gov/ncidod/hip/abc/abc.htm">www.cdc.gov/ncidod/hip/abc/abc.htm</a>. (The ABC's were posted in 1997, and then removed from CDC website in 2003. This site's content was used to develop these exclusion lists.)

Centers for Disease Control and Prevention. 2006. Outbreak of Varicella among vaccinated children -- Michigan, 2003. *Morbidity and Mortality Weekly Report*, *53*, 18, pp. 389-391.

SC Department of Social Services, Division of Child Day Care Licensing and Regulatory Services. 2004 Revisions to Regulations 114-500 through 114-509.

The SC DHEC HIV/STD Division (1.800.322.AIDS) is available for consultation regarding infection control issues raised by the presence of students with blood-borne illnesses (HIV, chronic Hepatitis B, chronic Hepatitis C, etc.) in school.